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| ATTACH A SMALL PHOTOGRAPH EXACTLY 1½" X 2¼" THAT HAS BEEN TAKEN WITHIN THE LAST 12 MONTHS OF THE DATE OF THIS APPLICATION SHOWING A FULL FACE VIEW COVERING HALF OF THE WIDTH OF THIS SPACE WITH NO HEAD COVERING, CAP OR HAT. | FOR BOARD USE ONLY | STATE OF TENNESSEE |
| | DATE RECEIVED |  |
| | FILE NUMBER | BOARD OF EXAMINERS FOR LAND SURVEYORS 500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1146 615-741-3611 FAX: 615-741-1245 WWW.TN.GOV/COMMERCE/BOARDS/SURVEYORS |
| | TRANSACTION NUMBER | |

Application for *Professional Land Surveyor-in-Training*

THIS IS NOT AN APPLICATION FOR REGISTRATION OR LICENSING AS A PROFESSIONAL LAND SURVEYOR AND ANY DESIGNATION OR RECOGNITION BY THE BOARD WILL NOT, IN ANY WAY, OR DEGREE ENTITLE THE APPLICANT TO PRACTICE OR OFFER TO PRACTICE LAND SURVEYING. THIS APPLICATION IS PROVIDED BY BOARD POLICY TO ALLOW THOSE APPLICANTS THAT QUALIFY UNDER TCA 62-18-109(A)(i), (B)(i) OR (C)(i) TO TAKE THE NCEES EXAMINATION, FUNDAMENTALS OF LAND SURVEYING (FS), AND BE ACKNOWLEDGED AS PROFESSIONAL-LAND SURVEYOR-IN-TRAINING (PLSIT).

IMPORTANT – PLEASE READ AND UNDERSTAND THIS FORM AND THE TENNESSEE LAWS BEFORE YOU COMPLETE THIS APPLICATION. ALL INFORMATION REQUESTED ON THIS FORM MUST BE TYPEWRITTEN OR LEGIBLY PRINTED AND ALL QUESTIONS MUST BE ANSWERED. RETAIN A COPY FOR YOUR FILES. IF COMPLETE ADDRESSES FOR UNIVERSITIES AND ALL REFERENCES ARE NOT PROVIDED, THIS APPLICATION WILL BE RETURNED.

APPLICATION MUST BE ACCOMPANIED WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$25.00 MADE PAYABLE TO THE TENNESSEE BOARD OF EXAMINERS FOR LAND SURVEYORS AND MAILED TO 500 JAMES ROBERTSON PARKWAY, NASHVILLE, TN 37243-1146. This application, along with a \$25.00 application fee, all reference forms, education verification forms, and transcripts must be received by January 15 for the April exam or July 15 for the October exam. **The application fee is non-refundable. PLEASE ALLOW 5-7 BUSINESS DAYS TO ENSURE ADEQUATE DELIVERY TIME OF THIS APPLICATION BEFORE THE DEADLINE DATE.**

1. GENERAL INFORMATION: (Circle b. or c. to indicate your preference for address of record with this Board.)

a. Name in full _____ SSN _____

First
Middle
Last

b. Residence address _____ () _____

Street No.
Telephone No.

City
County
State/Zip

c. Business name and address _____ () _____

Name
Telephone No.

Street No
City
State/Zip
Position

E-mail Address _____

d. Date of Birth _____ Place of Birth _____

e. Can you speak and understand the English language? _____

f. Do you have a disability which may require special accommodations in taking an examination? _____

- g. Have you ever filed an application with this Board? _____ If yes, type of application _____
When? _____
- h. Has your name changed since birth? _____ Was your previous application made with the
same name? _____
- i. Have you ever been disciplined by any state licensing authority? _____
If so, please explain _____
- j. Have you ever been denied registration or had your license suspended or revoked? _____
If so, name state and year _____
- k. Have you ever been convicted of a felony? _____ If yes, please attach a separate
statement describing the circumstances.

2. **EDUCATION RECORD** – You must submit **CERTIFIED** transcripts with your application. You must highlight or list on separate sheet attached to the transcript all surveying related courses you are claiming for credit under the provisions of TCA 62-18-109 for eligibility categories B or C.

| NAME AND COMPLETE ADDRESS OF COLLEGE OR UNIVERSITY | YEARS ATTENDED | | MAJOR | DATE OF GRADUATION | DEGREE RECEIVED |
|---|----------------|----|-------|-----------------------|--------------------|
| | From | To | | | |
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3. **REFERENCES** – Names and address of three references, at least two of which must be licensed land surveyors, who must have personal knowledge of your character, knowledge and reputation. In the case of graduating seniors, one reference must be your academic counselor or person with knowledge of your academic status and education qualifications. Providing a stamped board addressed envelope to your references will expedite this process,

| NAME OF REFERENCE | COMPLETE ADDRESS | STATE OF REGISTRATION AND LICENSE NUMBER |
|-------------------|------------------|--|
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AFFIANT

(To be attested to before a Notary Public or other office authorized to administer oaths.)

I hereby make application for designation as a Professional Land Surveyor-in-Training (PLSIT) to be acknowledged by the Tennessee State Board of Examiners for Land Surveyors and that I am now committed to and endeavor to complete the additional requirements to become a registered and licensed professional land surveyor in the State of Tennessee. I fully understand that the designation as PLSIT does not entitle me to practice land surveying to any extent without being under the direct supervision and responsible charge of a Tennessee licensed land surveyor.

Signature of Applicant

STATE OF _____
COUNTY OF _____

On the _____ day of _____, 20 _____, before me, a Notary Public in and for the County and State aforesaid, came _____, a resident of _____, County and State of _____ known to me as the person herein described and subscribing hereto, and as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant

Subscribed and sworn to before me, on the _____ day of _____, 20 _____

Notary Public

(Seal)

My commission expires _____, 20 _____.